

TAX YEAR:

DO NOT WRITE OR STAPLE IN THIS AREA

RESIDENT AMENDED  
DELAWARE PERSONAL INCOME TAX RETURN  
FOR TAX YEARS BEGINNING 2008

or Fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Your Social Security No.		Spouse's Social Security No.		FILING STATUS (MUST CHECK ONE)							
Your Last Name		First Name and Middle Initial		Jr., Sr., III., etc.		1. <input type="checkbox"/> Single, Divorced, Widow(er)		3. <input type="checkbox"/> Married & Filing Separate Forms		5. <input type="checkbox"/> Head of Household	
Spouse's Last Name		Spouse's First Name		Jr., Sr., III., etc.		2. <input type="checkbox"/> Joint		4. <input type="checkbox"/> Married & Filing Combined Separate on this form			
Present Home Address (Number and Street)				Apt. #		If you were a part-year resident in 2008, give the dates you resided in Delaware.					
City				State		Zip Code		From _____ To _____			
								Month Day Year		Month Day Year	
Form DE2210 Attached <input type="checkbox"/>				Filing Status 4 ONLY Spouse Information COLUMN A		All other filing statuses You or You plus Spouse COLUMN B					

## COMPLETE ALL SECTIONS OF THIS RETURN. NAMES AND SSN'S MUST MATCH ORIGINAL

## CORRECTED AMOUNTS

1. DELAWARE ADJUSTED GROSS INCOME.....		1		00		00	
2a. If you elect the DELAWARE STANDARD DEDUCTION check here..... <input type="checkbox"/>							
Filing Statuses 1, 3 & 5 Enter \$3250 in Column B							
Filing Status 4 Enter \$3250 in Column A and in Column B							
Filing Status 2 Enter \$6500 in Column B							
If you elect the DELAWARE ITEMIZED DEDUCTIONS check here..... <input type="checkbox"/>							
b. Filing Statuses 1, 2, 3 and 5, enter Itemized Deductions in Column B.		2		00		00	
Filing status 4 enter in Columns A and B							
3. ADDITIONAL STANDARD DEDUCTIONS							
(Not allowed with Itemized Deductions - use worksheet on back)							
CHECK BOX(ES)							
If SPOUSE was 65 or over <input type="checkbox"/> and/or Blind <input type="checkbox"/> If YOU were 65 or over <input type="checkbox"/> and/or Blind <input type="checkbox"/>		3		00		00	
4. TOTAL DEDUCTIONS - Add Lines 2 & 3 and enter here.....		4		00		00	
5. TAXABLE INCOME - Subtract Line 4 from Line 1, and Compute Tax on this Amount.....		5		00		00	
6. Tax Liability from Tax Rate Table/Schedule		6		00		00	
7. Tax on Lump Sum Distribution (Form 329)		7		00		00	
8. TOTAL TAX - Add Lines 6 and 7 and enter here.....		8		00		00	
9a. Enter number of exemptions claimed on Federal return _____ X \$110. ....		9a		00		00	
On Line 9a, enter the number of exemptions for: Column A <input type="checkbox"/> Column B <input type="checkbox"/>							
9b. CHECK BOX(ES) Spouse 60 or over (Column A) <input type="checkbox"/> Self 60 or over (Column B) <input type="checkbox"/>		9b		00		00	
Enter number of boxes checked on Line 9b. _____ X \$110. ....							
10. Tax imposed by State of _____ (Must attach copy of other state return).....		10		00		00	
11. Vol. Firefighter Co.# - Column A _____ (Filing Status 4 only) Column B _____. Enter credit amount.....		11		00		00	
12. Other Non-Refundable Credits (See Instructions).....		12		00		00	
13. Child Care Credit. (Must attach Form 2441; Sch. 2, 1040A) (Use Worksheet on back.).....		13		00		00	
14. Earned Income Tax Credit. (Use worksheet on back).....		14		00		00	
15. Total Non-Refundable Credits. Add Lines 9a, 9b, 10, 11, 12, 13 & 14 and enter here.....		15		00		00	
16. BALANCE. Subtract Line 15 from Line 8. If Line 15 is greater than Line 8, enter "0" (Zero).....		16		00		00	
17. Delaware Tax Withheld (attach W2s/1099)		17		00		00	
18. Estimated Tax Paid & Payments with Extensions		18		00		00	
19. S Corp Payments (attach Form 1100S/A-1)		19		00		00	
20. Amount paid (If any, see instructions)		20		00		00	
21. TOTAL Refundable Credits. Add Lines 17, 18, 19 and 20 and enter here.....		21		00		00	
22. Refund Received (if any, see instructions).....		22		00		00	
23. Estimated tax carryover and/or Special Funds contributions as shown on original return.....		23		00		00	
24. Subtract Lines 22 and 23 from Line 21.....		24		00		00	
25. BALANCE DUE. If Line 16 is greater than Line 24, subtract 24 from 16 and enter here.....		25		00		00	
26. OVERPAYMENT. If Line 24 is greater than Line 16, subtract 16 from 24 and enter here.....		26		00		00	
27. AMOUNT OF LINE 26 TO BE APPLIED TO YOUR ESTIMATED TAX ACCOUNT (See Instructions) ENTER >		27					
28. PENALTIES AND INTEREST DUE..... ENTER >		28					
29. NET BALANCE DUE (Line 25 plus Lines 27 and 28)..... PAY IN FULL >		29					
30. NET REFUND (subtract Lines 27 and 28 from Line 26)..... ZERO DUE/TO BE REFUNDED >		30					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete.

X  
Your Signature \_\_\_\_\_ Date \_\_\_\_\_  
X  
Spouse's Signature (If filing joint) \_\_\_\_\_ Date \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Signature of Paid Preparer \_\_\_\_\_ Date \_\_\_\_\_  
Address-Zip Code \_\_\_\_\_  
Business Phone \_\_\_\_\_ EIN, SSN, OR PTIN \_\_\_\_\_

ATTACH LABEL

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

**NOTE: IF YOUR ORIGINAL RETURN WAS FILED USING TWO SEPARATE FORMS, YOU MUST FILE TWO SEPARATE AMENDED FORMS**

IS AN AMENDED FEDERAL RETURN BEING FILED?..... ☐ YES ☐ NO

HAS THE DELAWARE DIVISION OF REVENUE ADVISED YOU YOUR ORIGINAL RETURN IS BEING AUDITED?... ☐ YES ☐ NO

IS THIS AMENDED RETURN BEING FILED AS A PROTECTIVE CLAIM?..... ☐ YES ☐ NO

**A DETAILED EXPLANATION OF ALL CHANGES MUST BE PROVIDED IN THIS SPACE. ALL SUPPORTING SCHEDULES AND/OR DOCUMENTATION MUST BE ATTACHED.****EARNED INCOME TAX CREDIT (EITC)****Qualifying Child Information**

1. Child's Name (First and Last Name)..... 1
2. Child's SSN ..... 2
3. Child's Year of Birth..... 3

CHILD 1	CHILD 2

4. Delaware State Income Tax from Line 8 (enter higher tax amount from Column A or B)..... 4
5. Federal earned income credit from Federal Form 1040, Line 66a;  
Form 1040A, Line 40a; Form 1040 EZ, Line 8a..... 5
6. Delaware EITC Percentage (20%)..... 6
7. **Multiply Line 5 by Line 6**..... 7
8. Enter the Smaller of Line 4 or Line 7 above. Enter here and on Resident Return, Line 14..... 8

	00
	00
.20	
	00
	00

**CHILD CARE CREDIT WORKSHEET**

1. ENTER TOTAL AMOUNT FROM LINE 13, FEDERAL FORM 2441 OR LINE 11, SCHEDULE 2 (FEDERAL FORM AND/OR SCHEDULE MUST BE ATTACHED).....
2. MULTIPLY THE AMOUNT ON LINE 1 BY 50%. ENTER AMOUNT HERE AND ON PAGE 1, LINE 13 OF RETURN.....

**NOTE: IF YOU AND YOUR SPOUSE FILE A JOINT FEDERAL RETURN BUT ELECT TO FILE SEPARATE OR COMBINED SEPARATE RETURNS FOR DELAWARE, THE CREDIT IS ALLOWED TO THE SPOUSE WITH THE LOWER TAXABLE INCOME.**

**ADDITIONAL STANDARD DEDUCTION WORKSHEET**

65 OR OVER BLIND TOTAL NO. TOTAL AMOUNT

1. SELF..... ☐ ..... ☐ ..... x 2500 = .....
2. SPOUSE..... ☐ ..... ☐ ..... x 2500 = .....

**NOTE: IF YOU ARE FILING A COMBINED SEPARATE RETURN, ENTER THE TOTAL FOR EACH AP- PROPRIATE COLUMN. IF YOU ARE FILING A JOINT RETURN, ADD THE TOTAL OF LINES 1 AND 2 AND ENTER ON PAGE 1, LINE 3.**

**TAX RATE SCHEDULE**

IF INCOME ON LINE 5 IS:	AT LEAST	BUT NOT OVER
	\$ 0.	2,000.
	2,000.	5,000.
	5,000.	10,000.
	10,000.	20,000.
	20,000.	25,000.
	25,000.	60,000.
	60,000 AND OVER	

**YOUR TAX IS:**

\$ 0.
2.20% OF AMOUNT OVER \$2,000.
\$66.00 + 3.90% OF AMOUNT OVER \$5,000.
\$261.00 + 4.80% OF AMOUNT OVER \$10,000.
\$741.00 + 5.20% OF AMOUNT OVER \$20,000.
\$1,001.00 + 5.55% OF AMOUNT OVER \$25,000.
\$2,943.50 + 5.95% OF AMOUNT OVER \$60,000.

**DELAWARE DIVISION OF REVENUE TELEPHONE AND ADDRESS INFORMATION****NEW CASTLE COUNTY**

Delaware Division of Revenue  
Carvel State Office Building  
820 North French Street  
Wilmington, DE 19801  
(302) 577-8200

**KENT COUNTY**

Delaware Division of Revenue  
Thomas Collins Building  
540 South DuPont Highway, Suite 2  
Dover, DE 19901  
(302) 744-1085

**SUSSEX COUNTY**

Delaware Division of Revenue  
20653 DuPont Boulevard  
Suite 2  
Georgetown, DE 19947  
(302) 856-5358

**Toll-free telephone number (Delaware only) 1-800-292-7826**